

**TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS**

**Marvarene Oliver, Ed.D.**  
**Chairman**

**Andrew Marks, LMSW.**  
**Executive Director**

**Georgia A. Norman**  
**Administrative Assistant**

**1100 West 49th Street**  
**Austin, Texas 78756-3183**  
**(512) 834-6657**  
**mft@tdh.state.tx.us**

**Joe Ann Clack, M.B.E.**  
**Sandra DeSobe, M.A.**  
**Waymon Ray Hinson, Ph.D.**  
**Rev. B.W. McClendon, D.Min**  
**Antonio A. Morales**  
**Brenda VanAmburgh, Ph.D.**  
**Bishop William H. Watson**  
**Jackie Weimer, M.S.**

Dear Continuing Education Sponsor:

The Texas State Board of Examiners of Marriage and Family Therapists revised Title 22, Texas Administrative Code, Chapter 801 (Board rules) effective September 20, 1999, concerning continuing education sponsors. The board will grant a **one-year approval** to organizations that pay the continuing education sponsor fee. The board will approve organizations that provide continuing education units for the marriage and family therapy courses, seminars and conferences. These organizations must submit an annual list of their seminars, workshops, and courses with the presenter's names to the board.

Recent adopted changes that relate continuing education are listed below:

- ☐ Correspondence courses, satellite or distance learning courses, and audio/video courses relative to marriage and family therapy can be accepted up to 6 hours per year. Ethics may now be obtained this way.
- ☐ Licensed marriage and family therapists are required to complete 3 hours of ethics **every year**.

If you wish to become an approved continuing education sponsor, please complete the enclosed application and resubmit with the payment coupon and fee for \$50.00. Checks or money orders should be made payable to the Texas State Board of Examiners of Marriage and Family Therapists. The following information should be included on your remittance: Budget #ZZ135 and Fund #008.

If you have any additional questions, please contact us at 512/834-6657.

Sincerely,

**Andrew Marks, LMSW.**  
**Executive Director**

Payment Coupon

Sponsor Name: \_\_\_\_\_

Budget # ZZ135

Fund # 008

Amount Owed: **\$50.00 Continuing Education Sponsor Fee**

Please return to:

Texas Department of Health  
Marriage & Family Therapists  
PO Box 12197  
Capital Station  
Austin, Texas 78711-2197

*\*\*\*\* You must return this coupon with your payment*



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### REQUEST FOR CONTINUING EDUCATION SPONSORSHIP APPROVAL

**SPONSOR NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT PERSON/  
TELEPHONE #:** \_\_\_\_\_

**PROVIDER/  
PRESENTERS:** \_\_\_\_\_

**PLANNED CONTINUING  
EDUCATION ACTIVITIES  
(IF KNOWN):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_